



City of Riverside

Employee Online
Benefits
Open Enrollment Guide
For 2009

Helpful Hints

for Making Your 2009 Benefit Elections

Before you make your elections through Employee Online, our online benefits enrollment system, consider these steps.

1. Dependent Verification.

In order to ensure accuracy of dependent information, review and verify the dependents which are currently enrolled on your plans. Entitlement to dependent coverage is contingent on your dependent's ability to satisfy and continue to satisfy the definition of "eligible dependent" under City policy. If you will be **adding** any eligible dependents to your 2009 Medical and/or Dental plan, you will need to submit proof of eligibility documentation to the Human Resources Department on or before **November 21st, 2008**. Detailed information pertaining to types of documentation required for adding eligible dependents can be found on the Human Resources Benefit website.

Proof of documentation is **NOT** required for **eligible** existing dependents or when changing to a different Medical and/or Dental plan.

2. Review your Current Enrollment Information.

Log on to Employee Online to view your current 2008 benefit elections. If you are **not** going to make any changes to your current Medical and/or Dental plans or re-enroll in the Flexible Spending Account (FSA) Health Care or Dependent Care Expense Account programs, it is not necessary for you to complete an online enrollment; your existing Medical and/or Dental plans will carry over for 2009.

If you are currently enrolled in a 2008 Flexible Spending Account, your enrollment for 2009 is not automatic – you must re-enroll for 2009 if you want to participate.

If you want to participate in the Health Opt-Out option (reimbursement applicable to Executives, Council, Management, General – SEIU, Confidential, IBEW, and IBEW Supervisors), you must renew your participation through the Employee Online Open Enrollment system. You will need to submit proof of coverage to the Human Resources Department by **Friday, November 21, 2008.**

3. Choose a Primary Care Physician (PCP).

If you are enrolling as a **new** member to Blue Cross HMO or Delta Care HMO, you will need to select a Primary Care Physician (PCP) for each covered dependent. You must first locate a doctor near you by accessing the provider's websites: please visit [Blue Cross](#) or [Delta Care](#). To assign a PCP to your covered dependents you must contact [Blue Cross HMO](#) at 1-800-227-3613 or [Delta Care HMO](#) at 1-800-422-4234 any time after **December 15, 2008**. PCP selections are not required for Blue Cross-PPO, Kaiser, Delta Dental DPO or Local Advantage Dental.

4. Complete your Enrollment Worksheet.

Before you log on to enroll using Employee Online, make sure your decisions are made and you have the information you need to enroll. Included in this guide is a worksheet you can complete to assist with your selection planning.

5. Don't Miss the Deadline!

All additions and changes must be submitted online by 5:00 PM, **Friday, November 21, 2008**. Open Enrollment is the **only** time during the calendar year during which you can make changes to your Medical, Dental, Vision, Supplemental Life, or Flexible Spending Account (FSA) plans unless you experience a **Qualifying Event**. For more information on what constitutes a **Qualifying Event**, please visit our [Benefits](#) website.

Benefits Website:

<http://www.riversideca.gov/human/benefits/>

Preparing to Enroll Online

It's open enrollment time! This year the enrollment period is **November 3rd, 2008** through **November 21st, 2008**. Your new elections will go into effect on January 1, 2009. Deductions for your new plan selections will be taken beginning with your first paycheck in December 2008.

Before you log on to enroll, make sure your decisions are made and you have the information you need to enroll.

Items to Consider

- ❖ Review your benefit choices for 2009 on the City of Riverside Human Resources [Benefits](#) website and share them with your family.
- ❖ Do you need to add or drop eligible dependents?
- ❖ Will you be selecting the Health Opt-Out option? (Reimbursement only given to Executives, Council, Management, General – SEIU, Confidential, IBEW, and IBEW Supervisors)
- ❖ Does your spouse's employer offer benefits?
- ❖ If you are not currently enrolled in dental, do you want to enroll this year?
- ❖ If you are enrolled in dental, do you want to change to a different plan?
- ❖ If you are not currently enrolled in medical, do you want to enroll this year?
- ❖ If you are enrolled in medical, do you want to change to a different plan?
- ❖ If you are enrolling in the Blue Cross (HMO) medical plans or DeltaCare (DHMO) dental plan, you are required to designate a Primary Care Physician (PCP).
- ❖ Do you want to enroll in a Flexible Spending Account for 2009?
- ❖ Do you want to enroll in Long Term Disability (based on Bargaining Unit)?

Dependent Information

- ❖ If you are adding a new dependent, you will need First Name, Middle Initial, Last Name, Social Security Number, Date of Birth, Relationship, Gender information and proof of eligibility documentation.

Choosing Your Coverage Level Option for Dental and Medical

- ❖ Employee only
- ❖ Employee + 1 (2-Party)
- ❖ Employee + 2 or More (Family)

Benefits Website:

<http://www.riversideca.gov/human/benefits/>

Benefits Enrollment Worksheet

HEALTH PLANS	
BC HMO Preferred (High)	<input type="checkbox"/>
BC HMO Standard (Midway)	<input type="checkbox"/>
BC HMO Value (Low)	<input type="checkbox"/>
BC PPO	<input type="checkbox"/>
Kaiser Preferred (High)	<input type="checkbox"/>
Kaiser Standard (Midway)	<input type="checkbox"/>
Kaiser Value (Low)	<input type="checkbox"/>
Health Opt-Out	<input type="checkbox"/>

LOGIN INFORMATION	
Employee ID#	
Last 4 digits of SSN	

DENTAL PLANS	
DeltaCare DHMO	<input type="checkbox"/>
Delta Dental (DPO)	<input type="checkbox"/>
Local Advantage Dental	<input type="checkbox"/>

Dependent Data Enrollment Information								
LAST NAME	FIRST NAME	MI	GENDER	DOB	RELATIONSHIP	SSN	HEALTH	DENTAL
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If you are adding a dependent, please review the City's medical and dental policies which are V-9 & V-10 located online within the Human Resources Personnel Policy & Procedures Manual for dependent documentation requirements. ALL required documentation must be submitted to the HR Department no later than November 21, 2008. Please write your 5 digit employee ID number on each applicable document.

Flexible Spending Account (FSA) Information (you must enroll each year to participate)	
Annual amount to contribute to the Health Care Spending Account	\$
Annual amount to contribute to Dependent Care Spending Account	\$
<i>(Annual amounts are pro-rated over the entire year (24 per pay period) and deducted in equal amounts from your paycheck. A \$3.25 per pay period administrative fee is assessed.)</i>	

Checklist for Open Enrollment

- ☐ Your 5 digit Employee ID Number
- ☐ Names, social security numbers, and birth dates of benefit eligible family members
- ☐ Plan Choices for Medical, Dental, and Flexible Spending Accounts (FSA)
- ☐ If you are enrolled in the Health Reimbursement Program, you will need to re-enroll for 2009
- ☐ Changes to Deferred Compensation can be done anytime throughout the year
- ☐ Turn in any required documentation to the HR Department no later than **November 21, 2008** for dependents added during open enrollment
- ☐ Other Additional Coverage (Additional Life Insurance)

You are now ready to enroll online!

How to Enroll Online (Quick Guide)

- Step 1** Before you start the online enrollment process, please know your City of Riverside 5 digit employee ID number and last 4 digits of your social security number. If you do not know your employee ID number or password, please call the Information Technology Help Desk at 826-5508.
- Step 2** Go to <http://intranet/Pages/Default.aspx>. Click on Employee Online. You will be prompted to log in using your 5 digit Employee ID number and password (last 4 digits of SSN). Please be sure to attend one of our **upcoming educational sessions** where you will learn how to use the new Employee Online Open Enrollment system and get information about 2009 plan changes/rates. Computers will be made available throughout various City worksites, or you may stop by the Human Resources Department to use a computer in the training room.
- Step 3** **Verify your dependents.** In order to ensure accuracy of dependent information, review and verify the dependents which are currently enrolled on your plans.
- Step 4** View and select **your coverage options for the 2009 plan year**. Compare your medical plans, estimate the advantages of Flexible Spending Accounts and determine your Insurance needs.
- Step 5** **Elect Your Benefits Using Employee Online** - follow the instructions to make your Benefits elections for 2009.
- Step 6** **Verify your Open Enrollment selections.** Please check your Open Enrollment Confirmation carefully before exiting the Employee Online system. If you see a problem or want to make a change, simply go back to the benefits section and modify your election.
-


We hope that you find all of the tools and resources useful in assisting you through this new Open Enrollment Employee Online transition. If you have any questions or concerns, please contact your Department Representative, as listed on the back of this brochure. For questions that cannot be addressed by your Department Representative, please feel free to email us at citybenefits@riversideca.gov or contact us at (951) 826-5808.

Welcome to Open Enrollment Online!

Beginning the Open Enrollment Process

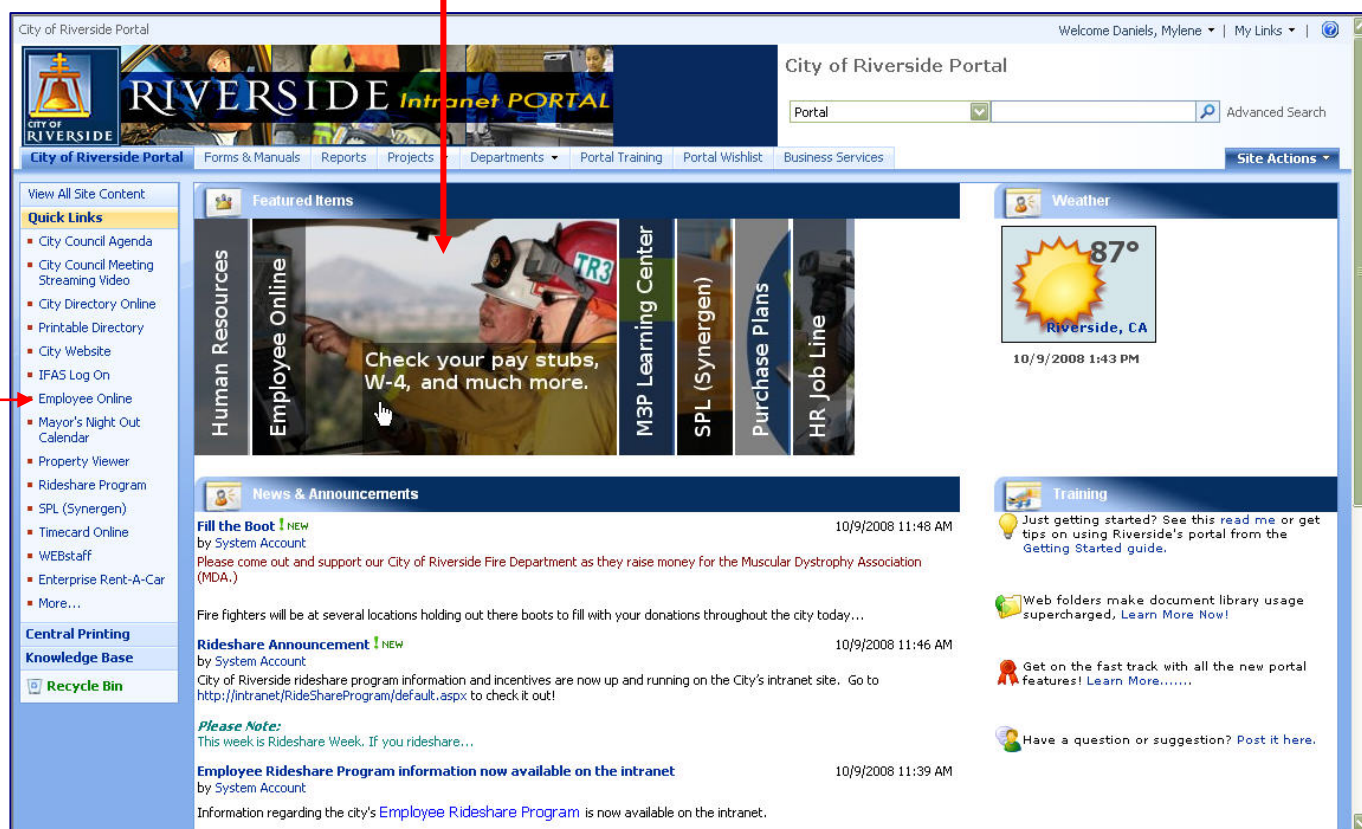
During Open Enrollment you can make changes to your benefits as often as you like up until November 21st, 2008. Each time you make new selections, you will save and verify them. The benefits that have been saved and verified when Open Enrollment closes **are** the benefits that will stay in effect until the next Open Enrollment period or until you experience a qualifying event, such as a marriage, birth, or change of employment.

To access the Employee Online site:

1. Click on the Internet Explorer icon  on your desktop to access the City of Riverside's Intranet portal at <http://intranet/Pages/Default.aspx>. You will be presented with a screen similar to the one displayed below.
2. You can navigate to the Employee Online site via two links on the main portal page:
 - a. From the **Quick Links** menu on the left side of the screen, click on the Employee Online link.
 - b. From the slideshow images under **Featured Items**, click on the Employee Online image.

2b.

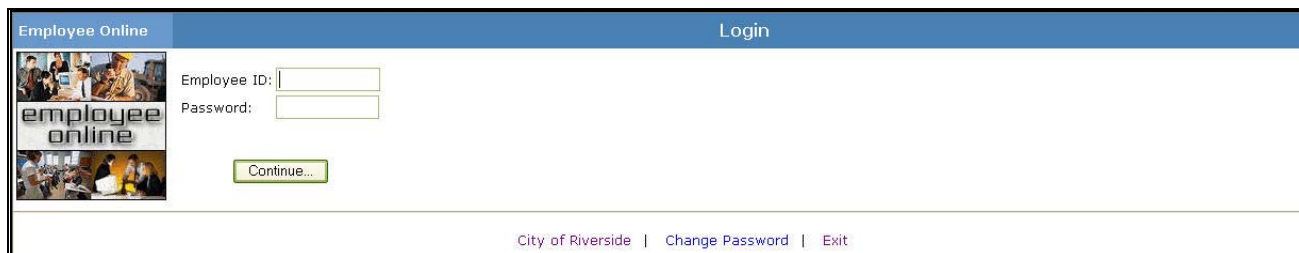
2a.



The screenshot shows the City of Riverside Intranet Portal. The top banner features the City of Riverside logo and the text "RIVERSIDE Intranet PORTAL". Below the banner is a navigation bar with links: Forms & Manuals, Reports, Projects, Departments, Portal Training, Portal Wishlist, and Business Services. On the left side, there is a "Quick Links" menu with items like City Council Agenda, City Council Meeting Streaming Video, City Directory Online, Printable Directory, City Website, IFAS Log On, Employee Online, Mayor's Night Out Calendar, Property Viewer, Rideshare Program, SPL (Synergen), Timecard Online, WEBstaff, and Enterprise Rent-A-Car. The main content area is divided into sections: "Featured Items" with a slideshow of images (Human Resources, Employee Online, M3P Learning Center, SPL (Synergen), Purchase Plans, HR Job Line), "News & Announcements" with recent updates, "Weather" showing 87° in Riverside, CA, and "Training" with links to Getting Started guide, Web folders, and a question/suggestion link. A red arrow labeled "2a." points to the "Employee Online" link in the Quick Links menu. Another red arrow labeled "2b." points to the "Employee Online" image in the Featured Items slideshow.

LOGIN

To login to the Employee Online system, key in your 5 digit Employee ID number and password (last 4 digits of SSN) on the main login screen.

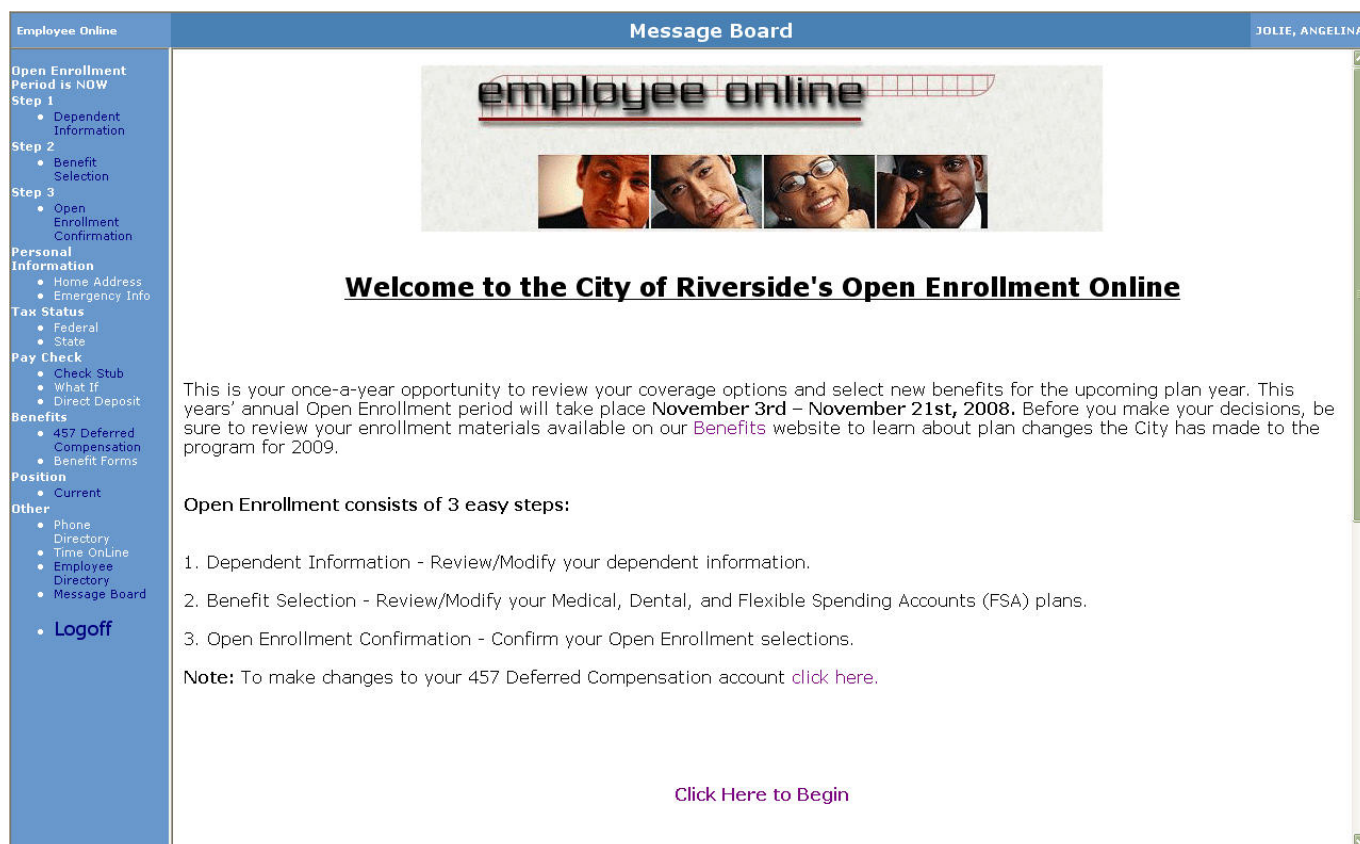


The login screen features a blue header with 'Employee Online' on the left and 'Login' on the right. On the left side, there is a small graphic with the text 'employee online'. The main area contains two input fields: 'Employee ID:' and 'Password:'. Below these fields is a green 'Continue...' button. At the bottom, there is a footer with links: 'City of Riverside', 'Change Password', and 'Exit'.

Note: The system will only allow three attempts to match your password to your employee ID # otherwise it will lock you out and require an account re-set. Employees who have forgotten their passwords will need to contact the Information Technology Help Desk at 826-5508 to have it reset.

Message Board

Once you have logged on the system, Employee Online presents you with an initial side navigation menu. The default screen in Employee Online is the “**Message Board**”. In addition to timely announcements, the message board will also display Special Notes.



The Message Board screen has a blue header with 'Employee Online' on the left, 'Message Board' in the center, and 'JOLIE, ANGELINA' on the right. On the left side, there is a vertical navigation menu with the following items: 'Open Enrollment Period is NOW', 'Step 1' (with sub-item 'Dependent Information'), 'Step 2' (with sub-item 'Benefit Selection'), 'Step 3' (with sub-item 'Open Enrollment Confirmation'), 'Personal Information' (with sub-items 'Home Address' and 'Emergency Info'), 'Tax Status' (with sub-items 'Federal' and 'State'), 'Pay Check' (with sub-items 'Check Stub', 'What If', and 'Direct Deposit'), 'Benefits' (with sub-items '457 Deferred Compensation' and 'Benefit Forms'), 'Position' (with sub-item 'Current'), 'Other' (with sub-items 'Phone Directory', 'Time OnLine', 'Employee Directory', and 'Message Board'), and 'Logoff'. The main content area features a large graphic with the text 'employee online' and four small photos of people. Below the graphic, the heading reads 'Welcome to the City of Riverside's Open Enrollment Online'. The text explains that this is a once-a-year opportunity to review coverage options and select new benefits for the upcoming plan year, taking place from November 3rd to November 21st, 2008. It lists three steps for Open Enrollment: 1. Dependent Information - Review/Modify your dependent information. 2. Benefit Selection - Review/Modify your Medical, Dental, and Flexible Spending Accounts (FSA) plans. 3. Open Enrollment Confirmation - Confirm your Open Enrollment selections. A note mentions that to make changes to a 457 Deferred Compensation account, users should click a link. At the bottom, there is a purple link that says 'Click Here to Begin'.

Step 1: Dependent Information

Review/Modify your dependent information

Select	Name	Relationship	Birth Date	SSN	Gender
	JOLIE, ANGELINA	EMPLOYEE	1/1/1965	111-32-7456	F
<input type="radio"/>	JOLIE, BRADLY	SPOUSE	6/10/1970	555-55-5444	M
<input type="radio"/>	JOLIE, BOB	CHILD	1/28/1990	787-97-8944	M
<input type="radio"/>	JOLIE, ZEB	CHILD	10/12/1998	111-22-4422	M
<input type="radio"/>	JOLIE, KYLIE	CHILD	4/6/2001	111-11-1116	F

[Help](#)

Proceed to Step 2 (Selection of Benefits)

You can add or update dependents on the Dependent Information screen by clicking on the appropriate action buttons.

Add New Dependent

To Add a Dependent

Enter the dependent information on the form. **Last Name, First Name, Relationship, Birth Date and Eligibility Certification** fields are required entries.

Click on to save your request. The **New Family Member** screen confirms your dependent addition. Click on [Finished](#) to return to the **Dependent Information** Screen.

Add New Dependent

Last Name, First Name:

Middle Name Suffix:

Relationship:

Birth Date (mm/dd/yyyy):

SSN:

Gender: ☐ Male ☐ Female

Address/Phone: ☐ check if same as employee

Street Address:

City:

State:

Zip: -

Phone: () - Ext

Misc. Comments 1 (Optional):

Misc. Comments 2 (Optional):

Notes (Optional):

Eligibility Certification (REQUIRED): ☐ Dependent is eligible for benefit coverage

I hereby certify that the dependents listed on my plan are eligible in accordance with City policies V-9 (Health Insurance) and V-10 (Dental Insurance), and that any deliberate misrepresentation of dependent eligibility may constitute a violation of City policy which may result in disciplinary action, up to and including termination. I understand that such action may constitute criminal fraud and may result in a referral to a law enforcement office. Further, I understand that all misrepresentations shall be reported to the appropriate health care provider for investigation and possible sanctions, and that I may be held liable for reimbursement of prior premiums, services received and/or claims incurred as a result of ineligible dependents.

© 2000-2001 Sundard Bi-Tech Inc.; EO 7.7.2.101 10/22/2008 9/23/08 AM

New Family Member

Update Coverages: New Family Member

1. You have recorded a new Dependent. To continue with the Open Enrollment process, click "Finished", below.

Don't forget to add your dependent to your Medical and/or Dental plans. [Finished](#)

Update Dependent Information

To Update a Dependent

Select the **radio** button to the left of the dependent you want to update.

Click:

Update Record

On the Modify Dependent screen correct or update the dependent information on the form **Last Name, First Name, Relationship, Birth Date and Eligibility Certification** fields are required entries.

Click on **Submit** to save your request and return to the **Dependent Information** Screen.

Dependent Information			
Select	Name	Relationship	Birth Date
<input type="radio"/>	JOLIE, ANGELINA	EMPLOYEE	1/1/1965
<input type="radio"/>	JOLIE, BRADLY	SPOUSE	6/10/1970
<input type="radio"/>	JOLIE, BOB	CHILD	1/28/1990
<input checked="" type="radio"/>	JOLIE, ZEB	CHILD	10/15/1998
<input type="radio"/>	JOLIE, KYLIE	CHILD	4/6/2000
<input type="radio"/>	ROSS, LILY	DEPENDENT	10/25/2004

Update Record Add Record

Proceed to Step 2 (Selection of Be

Modify Dependent	
Last Name, First Name Middle Name Suffix	JOLIE , ZEB
Relationship	CHILD
Birth Date (mm/dd/yyyy)	10/15/1998
SSN	111-22-4422
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Address/Phone	<input checked="" type="checkbox"/> check if same as employee
Street Address	HHH LAURA CROFT STREET
City	RIVERSIDE
State	California
Zip	92505 -
Phone	Home Phone (111) 222 - 2222 Ext
Misc. Comments 1 (Optional)	
Misc. Comments 2 (Optional)	
Notes (Optional)	
Eligibility Certification (REQUIRED)	<input checked="" type="checkbox"/> Dependent is eligible for benefit coverage
Submit Reset Cancel	

I hereby certify that the dependents listed on my plan are eligible in accordance with City policies V-9 (Health Insurance) and V-10 (Insurance), and that any deliberate misrepresentation of dependent eligibility may constitute a violation of City policy which may result in disciplinary action, up to and including termination. I understand that such action may constitute criminal fraud and may result in a referral to a law enforcement office. Further, I understand that all misrepresentations shall be reported to the appropriate health care provider and may result in investigation and possible sanctions, and that I may be held liable for reimbursement of prior premiums, services received and or costs incurred as a result of ineligible dependents.

© 2000-2001 SunGard BI-Tech Inc.; EO 7.7.2.101 10/22/2008 11:17:13 AM

Step 2: Enrolling in Medical, Dental, and FSA Benefits

Benefit Selections Screen

On the Benefit Selection screen, you will be presented with your "Current Plan" and your requested change of plans for the following plan options:

1. Medical
2. Dental
3. FSA Health Care
4. FSA Dependent Care
5. LTD (Depends on Bargaining Unit)

To make a change to a specific plan, click on the ["Request New Enrollment"](#) link.

The screenshot shows the 'Benefit Selection' screen for JOLIE, ANGELIN. It lists four categories of benefits:


- 1. MEDICAL.** Current Plan: BC HMO MEDIUM, Family, Active. Enrollment Request: none. Links: Request New Enrollment | Help.
- 2. DENTAL.** Current Plan: DELTACARE DHMO, Family, Active. Enrollment Request: none. Links: Request New Enrollment | Help.
- 3. FSA HEALTH CARE. (Flexible Spending Account)** Current Plan: none, Enrollment Request: none. Links: Request New Enrollment | Help. A red note states: 'You must re-enroll in this program annually'.
- 4. FSA DEPENDENT CARE. (Flexible Spending Account)** Current Plan: none, Enrollment Request: none. Links: Request New Enrollment | Help. A red note states: 'You must re-enroll in this program annually'.

A 'Print this Page' button is at the bottom.

Enroll In Medical

Choose Medical Plan

If electing a new medical plan or updating an existing medical plan, click the **radio** button to the left of the plan name. If no election is made, the current election(s) will roll over for the following plan year.

Click  to continue to the Medical Coverage options.

The screenshot shows the 'Modify MEDICAL' screen for JOLIE, ANGELIN. It prompts the user to 'Please choose from the following plans:' and displays a table of options.

Select	Plan Name	Plan Type	
<input type="radio"/>	BC HMO HIGH	PRE-TAX	
<input type="radio"/>	BC HMO MEDIUM	PRE-TAX	This is your current plan.
<input type="radio"/>	BC HMO LOW	PRE-TAX	
<input type="radio"/>	KSR PREFERRED	PRE-TAX	
<input type="radio"/>	KAISER MIDWAY	PRE-TAX	
<input type="radio"/>	KAISER HMO LOW	PRE-TAX	
<input type="radio"/>	BC PPO	PRE-TAX	
<input type="radio"/>	BC HMO HIGH	AFTER-TAX	
<input type="radio"/>	BC HMO MEDIUM	AFTER-TAX	
<input type="radio"/>	BC HMO LOW	AFTER-TAX	
<input type="radio"/>	KSR PREFERRED	AFTER-TAX	
<input type="radio"/>	KAISER MIDWAY	AFTER-TAX	
<input type="radio"/>	KAISER HMO LOW	AFTER-TAX	
<input type="radio"/>	BC PPO	AFTER-TAX	
<input type="radio"/>	HEALTH OPT OUT	PRE-TAX	

At the bottom, there are 'Select Plan' and 'Return' buttons. A red circle highlights the 'Select Plan' button.

As a general rule, health and dental insurance premium contributions are made on a pre-tax basis. Premium contributions made by an employee for the cost of coverage for a domestic partner must be paid on an after-tax basis. In addition, an employee may not make pre-tax contributions to a Flexible Spending Account on behalf of a domestic partner.

The Modify MEDICAL screen displays all of the medical plan options and allows you to select the plan of your choice. It also reminds you which plan you are currently enrolled in by noting in blue text ["This is your current plan"](#) located in the right-hand column. Depending on your bargaining unit's rules and options, you may choose to **Opt-Out** of Medical coverage, but you will need to provide proof of other group insurance in order to receive the cash option in lieu of. Or you may waive your benefit rights without showing proof of other insurance.

Enroll In Medical

Modify Medical Plan

Note: You can **click** on the Plan Name to view more details about the Plan from our Benefits website.

Modify MEDICAL

Please choose from the following plans:

Select	Plan Name	Plan Type
<input type="radio"/>	BC HMO HIGH	PRE-TAX
<input type="radio"/>	BC HMO MEDIUM	PRE-TAX
<input checked="" type="radio"/>	BC HMO LOW	PRE-TAX
<input type="radio"/>	KAISER HIGH	PRE-TAX
<input type="radio"/>	KAISER MIDWAY	PRE-TAX
<input type="radio"/>	KAISER HMO LOW	PRE-TAX
<input type="radio"/>	BC PPO	PRE-TAX
<input type="radio"/>	BC HMO HIGH	AFTER-TAX
<input type="radio"/>	BC HMO MEDIUM	AFTER-TAX
<input type="radio"/>	BC HMO LOW	AFTER-TAX
<input type="radio"/>	KAISER HIGH	AFTER-TAX
<input type="radio"/>	KAISER MIDWAY	AFTER-TAX
<input type="radio"/>	KAISER HMO LOW	AFTER-TAX
<input type="radio"/>	BC PPO	AFTER-TAX
<input type="radio"/>	HEALTH OPT OUT	PRE-TAX

© 2000-2001 SunGard Bi-Te

City of Riverside, California - Human Resources Benefits - Blue Cross HMO Low Option

Under the Blue Cross HMO Low Option, participants must see their primary care physician for all services. The primary care may refer to a specialist, but only to a specialist within his/her medical group.

Each family member may sign up with a different primary care physician. Co-pay for office visits are \$20.00.

Dependent children who are full-time students* are covered until age 25, otherwise age 19.
*Full time student is minimum of 12 units per semester/quarter.

Generics Prescriptions are \$10.00, Preferred Brand Prescriptions are \$20.00 and for Non-Preferred Prescriptions are \$40.00.

Enroll In Medical

Select Medical Coverage

Select the **radio** button next to the coverage category you want and click on the checkbox for the **dependents** you want covered in your new election request.

Click on **Submit** to save your request and return to the **Benefit Selection Screen**.

MEDICAL JOLIE, ANGILI

This open enrollment request must be approved before it can take effect.

	Current Plan	New Open Enrollment Request
Plan Name	BC HMO MEDIUM	BC HMO LOW
Plan Type	PRE-TAX	PRE-TAX
Description	BC MIDWAY PRETAX	BC HMO LOW PRETAX
Coverage Category	<input checked="" type="checkbox"/> Family	<input checked="" type="radio"/> Family
	Employee	<input type="radio"/> Employee
	Employee + 1	<input type="radio"/> Employee + 1
Covered Dependents		
JOLIE, BRADLY (SPOUSE)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Enroll Dependent
JOLIE, BOB (CHILD)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Enroll Dependent
JOLIE, ZEB (CHILD)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Enroll Dependent
JOLIE, KYLIE (CHILD)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Enroll Dependent

Submit **Reset** **Back** **Help**

[Primary Care Physician \(PCP\)](#)

If you are a **NEW** member to Blue Cross-HMO or Delta Care-HMO; you will need to select a Primary Care Physician (PCP) for each covered dependent.

You must first locate a doctor near you by accessing the provider's websites: please visit [Blue Cross](#) or [Delta Care](#).

To assign a PCP to your covered dependents you must contact Blue Cross at 1800-227-3613 or Delta Care at 1800-422-4234 any time after December 15, 2008. PCPs selections are not required for Blue Cross-PPO, Kaiser, Delta Dental DPO or Local Advantage Dental.

Note: If you wish to **drop** an existing dependent from your Medical and/or Dental coverage you may do so if you uncheck **only** the box next to the dependent(s) you wish to remove from your existing coverage; (An unmarked checkbox next to the dependent's name will tell the system you do not want to enroll them.)

**Benefit
Selection Screen**

Benefit Selection

JOLIE, ANGILINA

1. MEDICAL.

Current Plan: BC HMO MEDIUM

Family

Active

Enrollment Request: BC HMO LOW

Family

Pending

Change Existing Enrollment Request


Help

When you have submitted your request, your open enrollment information screen will change to include your new Enrollment Request information and will show that it is in **Pending** status. The pending status will stay in effect during the entire open enrollment period. That is to allow you to change your mind at any time during open enrollment. If you want to change a pending open enrollment request, simply click on the [“Change Existing Enrollment Request”](#) link to choose another plan or coverage category. To enroll or make changes to your dental coverage, proceed to **“Enroll in Dental”**.

Enroll In Dental

Choose Dental Plan

If electing a new dental plan or updating an existing dental plan, click the **radio** button to the left of the plan name. If no election is made, the current election(s) will roll over for the following Plan Year.

Click  to continue to the Dental Coverage options.

Modify DENTAL

Please choose from the following plans:

Select	Plan Name	Plan Type	
<input type="radio"/>	DELTACARE DHMO	PRE-TAX	This is your current plan.
<input type="radio"/>	DELTA DENTAL	PRE-TAX	
<input type="radio"/>	LOC ADV DENTAL	PRE-TAX	
<input type="radio"/>	DELTACARE DHMO	AFTER-TAX	
<input type="radio"/>	DELTA DENTAL	AFTER-TAX	
<input type="radio"/>	LOC ADV DENTAL	AFTER-TAX	
<input type="radio"/>	DENTAL DECLINE	PRE-TAX	


Select Plan

Return

Enroll In Dental

Select Dental Coverage

Select the **radio** button next to the coverage category you want and click on the checkbox for the dependents you want covered in your new election request.

Click on  to save your request and return to the **Benefit Selection Screen**.

DENTAL

JOLIE, AN

This open enrollment request must be approved before it can take effect.

	Current Plan	New Open Enrollment Request
Plan Name	DELTACARE DHMO	LOC ADV DENTAL
Plan Type	PRE-TAX	PRE-TAX
Description	DELTACARE PRETAX	LOCAL ADVANTAGE PRETAX
Coverage Category	<input checked="" type="radio"/> Family <input type="radio"/> Employee <input type="radio"/> Employee + 1	<input type="radio"/> Family <input type="radio"/> Employee <input type="radio"/> Employee + 1
Covered Dependents		
JOLIE, BRADLY (SPOUSE)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Enroll Dependent
JOLIE, BOB (CHILD)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Enroll Dependent
JOLIE, ZEB (CHILD)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Enroll Dependent
JOLIE, KYLIE (CHILD)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Enroll Dependent

[Help](#)

[Primary Care Physician \(PCP\)](#)

If you are a **NEW** member to Blue Cross-HMO or Delta Care-HMO; you will need to select a Primary Care Physician (PCP) for each covered dependent.

You must first locate a doctor near you by accessing the provider's websites: please visit [Blue Cross](#) or [Delta Care](#).

To assign a PCP to your covered dependents you must contact Blue Cross at 1800-227-3613 or Delta Care at 1800-422-4234 any time after December 15, 2008. PCPs selections are not required for Blue Cross-PPQ, Kaiser, Delta Dental DPO or Local Advantage Dental.

Benefit Selection Screen

Benefit Selection

1. MEDICAL.

Current Plan: BC HMO MEDIUM	Family	Active
Enrollment Request: BC HMO LOW	Family	Pending

[Change Existing Enrollment Request](#) | [Help](#)

2. DENTAL.

Current Plan: DELTACARE DHMO	Family	Active
Enrollment Request: LOC ADV DENTAL	Family	Pending

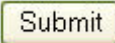
[Change Existing Enrollment Request](#) | [Help](#)

When you have submitted your request, your open enrollment information screen will change to include your new Enrollment Request information and will show that it is in **Pending** status. The pending status will stay in effect during the entire open enrollment period. That is to allow you to change your mind at any time during open enrollment. If you want to change a pending open enrollment request, simply click on the "[Change Existing Enrollment Request](#)" link to choose another plan or coverage category. To enroll or make changes to your Flexible Spending Account (FSA) Plans, proceed to "**Enroll in Flexible Spending Account (FSA)**".

Enroll in Flexible Spending Account (FSA) Health Care

FSA Health Care Coverage

On the FSA Health Care screen, enter an **Annual Deduction Amount**.

Click on  to save your request and return to the **Benefit Selection Screen**.

NOTE:

All amounts are calculated based on 24 Pay Periods.

FSA HEALTH CARE
JOLIE, ANGELI

This open enrollment request must be approved before it can take effect.

	Current Plan	Open Enrollment Request for new coverage
Plan Name	none	FSA HEALTH CARE
Plan Type		PRE-TAX
Description		FSA HEALTH CARE PRETAX
Annual Deduction Amount	\$0.00	<input type="text" value="\$0.00"/>
Coverage Category		<input checked="" type="radio"/> Employee

[Help](#)

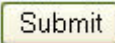
2009 Flexible Spending Account Provisions

	FSA Health Care	FSA Dependent Care
Maximum Annual Deduction	\$3,000 (\$125 per Pay Period)	\$5,000 (\$208.33 per Pay Period)
Annual Administrative Fee	\$78 (\$3.25 per Pay Period)	\$78 (\$3.25 per Pay Period)

Enroll in Flexible Spending Account (FSA) Dependent Care

FSA Dependent Care Coverage

On the FSA Dependent Care screen, enter an **Annual Deduction Amount**.

Click on  to save your request and return to the **Benefit Selection Screen**.

NOTE:

All amounts are calculated based on 24 Pay Periods.

FSA DEPENDENT CARE
JOLIE, ANGELI

This open enrollment request must be approved before it can take effect.

	Current Plan	Open Enrollment Request for new coverage
Plan Name	none	FSA DEP CARE
Plan Type		PRE-TAX
Description		FSA DEPENDENT CARE PRETAX
Annual Deduction Amount	\$0.00	<input type="text" value="\$0.00"/>
Coverage Category		<input checked="" type="radio"/> Employee

[Help](#)

2009 Flexible Spending Account Provisions

	FSA Health Care	FSA Dependent Care
Maximum Annual Deduction	\$3,000 (\$125 per Pay Period)	\$5,000 (\$208.33 per Pay Period)
Annual Administrative Fee	\$78 (\$3.25 per Pay Period)	\$78 (\$3.25 per Pay Period)

Benefit Selection			
1. MEDICAL.	Current Plan: BC HMO MEDIUM Enrollment Request: BC HMO LOW	Family Family	Active Pending
Change Existing Enrollment Request Help			
2. DENTAL.	Current Plan: DELTACARE DHMO Enrollment Request: LOC ADV DENTAL	Family Family	Active Pending
Change Existing Enrollment Request Help			
3. FSA HEALTH CARE. (Flexible Spending Account)	Current Plan: none Enrollment Request: FSA HEALTH CARE	Employee	Pending New
Change Existing Enrollment Request Help			
You must re-enroll in this program annually			
4. FSA DEPENDENT CARE. (Flexible Spending Account)	Current Plan: none Enrollment Request: FSA DEP CARE	Employee	Pending New
Change Existing Enrollment Request Help			
You must re-enroll in this program annually			
Print this Page			
Proceed to Step 3 (Open Enrollment Confirmation)			

Once you have submitted all of your open enrollment requests, the Benefit Selection screen will change to include your new Enrollment Request information and will show that it is in **Pending** or **Pending New** status. The pending status will stay in effect during the entire open enrollment period. That is to allow you to change your mind at any time during open enrollment. If you do want to change a pending open enrollment request simply click on the “[Change Existing Enrollment Request](#)” link to choose another plan or coverage category. To view and print out your Open Enrollment Confirmation, proceed to “**Open Enrollment Confirmation**”.

Delete a “Pending Open Enrollment Request”

- Click on “Step 2 – Benefit Selection” link.
- Click on “[Change Existing Enrollment Request](#)” link.
- Click on “**Check here to Delete Request**” checkbox
- Click on the [Submit](#) button to process your request.

FSA HEALTH CARE		
This open enrollment request must be approved before it can take effect.		
	Current Plan	Pending Open Enrollment Request
Plan Name	none	FSA HEALTH CARE
Plan Type		PRE-TAX
Description		FSA HEALTH CARE PRETAX
Bi-Weekly Deduction Amount		\$25.00
Coverage Category		Employee
Check here to Delete Request		<input checked="" type="checkbox"/>
Submit Reset Back Help		

NOTE: Upon deleting your “Pending Open Enrollment Request” you will need to follow the enrollment steps above to submit a new request.


Step 3: Open Enrollment Confirmation

Open Enrollment Confirmation

Your Benefit Selection summary appears confirming you have successfully saved your selections.

Open Enrollment Confirmation

JOLIE,



Open Enrollment Confirmation

JOLIE, ANGELINA (10277)

Below is a summary of your benefit elections which will be in effect January 1, 2009.
We have provided your current 2008 plan elections for easy reference.

Benefit Plan	Current Plan	2009 Open Enrollment Request
MEDICAL	BC HMO MEDIUM Family	BC HMO LOW Family Pending JOLIE, BRADLY (Added) SP JOLIE, BOB (Added) CH JOLIE, ZEB (Added) CH JOLIE, KYLIE (Added) CH
DENTAL	DELTACARE DHMO Family	LOC ADV DENTAL Family Pending JOLIE, BRADLY (Added) SP JOLIE, BOB (Added) CH JOLIE, ZEB (Added) CH JOLIE, KYLIE (Added) CH
FSA HEALTH CARE	None	FSA HEALTH CARE \$1,500.00 Pending New
FSA DEPENDENT CARE	None	FSA DEP CARE \$1,250.00 Pending New

If you added any dependents to the plan(s), proper proof of **eligible dependents** must be submitted to Human Resources by **November 21, 2008** for their coverage to be effective.

City of Riverside Open Enrollment 2008 10/30/2008 4:12:25 PM

Above is a confirmation message. You may wish to **print** a copy of your benefit summary for your records.

Logging Out

When you are finished with your Employee Online session, simply click "**Logoff**" in the bottom blue navigation pane.

- Other
- Phone Directory
 - Time OnLine
 - Employee Directory
 - Message Board
 - **Logoff**

DEPARTMENT REPRESENTATIVES

PAYROLL PERSONNEL COMMITTEE		
Department	Contact	Phone#
General Services	An-Chi Brunton	826-2389
Airport	Barbara McIlwaine	351-6113
City Clerk	Sherry Morton	826-4280
City Manager	Maureen Mitchell Angela Henson	826-5771 826-2413
Council	Maureen Mitchell Angela Henson	826-5771 826-2413
Development	Irma Serrato Krista Wollweber	826-5954 826-5381
City Manager/Finance	Felicia Edwards Diane Garcia Jana Maurice	826-5660 826-5621 826-5886
Fire	Kim Sabatello	826-5827
Human Resources	Colene Torres	826-5948
Legal	Susan Allen	826-5696
Library	Christine Holzer	826-5398
Mayor	Brenda Flowers	826-5813
Museum	Toni Kinsman	826-5136
Park & Recreation	Tina Lang Vicki Paz	826-2055 826-2013
Community Development	Carol Higgins Carlie Myers Tiffany Wheeler Ruth Norris Frances Andrade	826-5556 826-5587 826-2422 826-5942 826-5658
Police	Carol Ristow Monica Ramirez Hung Pham	826-5417 826-5868 826-5529
Public Utilities	Administration Administration Administration Administration Administration Administration Customer Service Field Services POE Bldg Marketing Services Customer Relations UOC Electric Ops, Elec Field UOC Electric Ops, Elec Field Electric Division Electric Division Electric Engineering Power Resources UOC-Water Ops UOC Water Field Forces Water Engineering Rerc – RTRP Rerc – RTRP	Rholonda Anderson Laura Chapman Cathy Ference Alicia Alcaraz Marketta Thompson Gayle Gehrmann Kathleen Perkins Brenda Pinedo Michelle Stevens Michelle Stevens Cheryl Art Dina Seever Kathleen Wates Liz Espinoza Mary Helen Montjoy Kelley Sklarsky Esther Alcala Christina Guzman Diane Tepper Toni Nickerson Rina Lacson
Public Works	Administration & Engineering Solid Waste & Streets Solid Waste & Streets Sewer Plant Sewer Plant	826-5506 826-5789 826-5197 826-5725 826-5791 826-5392 826-5584 826-5711 826-5327 826-5327 351-4652 351-6351 826-5307 826-5662 826-5421 351-6325 351-6370 351-6369 826-5648 710-5000 826-5165
		826-5670 351-6247 351-6082 351-6090 351-6186

The Human Resources Department in partnership with the Information Technology Department wants to thank you for the opportunity to bring you this new Open Enrollment Employee Online initiative. We hope that all the tools and resources we have set in place allow you to easily transition into this paperless process. We look forward to serving you, via telephone at 951-826-5808, via email at citybenefits@riversideca.gov, or in person. In addition, for your convenience you may contact your Department Representative for any questions pertaining to the Open Enrollment Employee Online system.

Thank you for your continued support.

Your Human Resources Team!

“Serving you online...so you don't have to wait in line”